| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | 7/5/00 |
| O.I.P.E. CLASSIFIER | PH | | |
| FORMALITY REVIEW | | 716 22 | 8/17/00 |
| RESPONSE FORMALITY REVIEW | | 716 22 | 11/27/00 |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
|---|---|---|---|---|---|---|---|---|
| Final | Original | | Final | Original | | Final | Original | |
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| | 26 | | | 76 | 0 | | 126 | |
| | 27 | | | 77 | ✓ | | 127 | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)